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ABSTRACT

The Curriculum Schema described is intended to provide the reader with the theoretical and technical frameworks developed and used by the Chicano Training Center (CTC) in putting together and implementing a training program for social services and mental health educators and practitioners. These materials describe the curriculum content available through the Center. Part I describes the curriculum building model and process employed by CTC. Part II is a statement of some of the most significant value assumptions used by CTC in providing the program with a philosophic base or curriculum directionality. The curriculum design found in Part III identifies the areas selected for the development of content. The design was shaped by the conscious and deliberate selection of a systems interaction and interdependence approach to explicate the Chicano experience. The final section of this booklet describes each of the component areas identified by the design, the curricular modules available in each component (content) area, and the outline followed for the organization of content pieces. A sample module is included to give an idea of the type of instructional tool used by CTC trainers to impart content. The process used in the development of the curriculum is based on the principles of dialectics, that is, available organized knowledge. (Author/NQ)

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CURRICULUM SCHEMA

VOLUME I

HOUSTON, TEXAS 77006

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CHICANO TRAINING CENTER
CURRICULUM SCHEMA

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Revised April, 1974

Introduction

The Curriculum Schema described in this booklet is intended to provide the reader with the theoretical and technical frameworks developed and used by the Chicano Training Center, Inc., in putting together and implementing a training program for social services and mental health educators and practitioners. These materials also describe the curriculum content available through the Center.

Part I describes the curriculum building model and process employed by CTC. Part II, "The Curriculum Emphasis," is a statement of some of the most significant value assumptions used by CTC in providing the program with a philosophic base or curriculum directionality. The curriculum design found in Part III identifies the areas selected for the development of content. The design was shaped by the conscious and deliberate selection of a systems interaction and interdependence approach to explicate the Chicano experience. The final section of this booklet deals with a description of each of the component areas identified by the design, the curricular modules available in each component (content) area, and the outline followed for the organization of content pieces. A sample module is included to give an idea of the type of instructional tool used by CTC trainers to impart content.

The process used in the development of the curriculum is based on the principles of dialectics. That is, available organized knowledge—however valid or invalid at first glance—on the Chicano experience is examined, analyzed and organized into didactic packages which address the at times antithetical conclusions reached by social scientists studying the same or similar phenomena. A perspective (or bias, if you will) regarding the conclusions and their etiology is provided in each package. This perspective is shaped by our own value assumptions. This bouncing of assumptions one against the other provides us with competing probabilities rather than indisputable truths about Chicanos. The heterogeneity of the Chicano plus the lack of definitive "scientific" research on our contemporary human condition preclude our willingness to assign our curriculum a status higher than "tentative, subject to change."

Since the curriculum is based on available organized knowledge, however, it is a reflection of the "state of the art." By no means a complete reflection, it nonetheless indicates the limitations of the social sciences in their understanding and knowledge of the social, cultural, economic, health, political and demographic condition and dynamics of the Chicano population.

The curriculum is open-ended and heuristic. As new knowledge is developed, it is incorporated appropriately. As new events take place which impact the Chicano, these events are made a part of the content, either as supplements to existing modules or as newly developed modules.

Federico Souflée, Jr., ACSW
April, 1974

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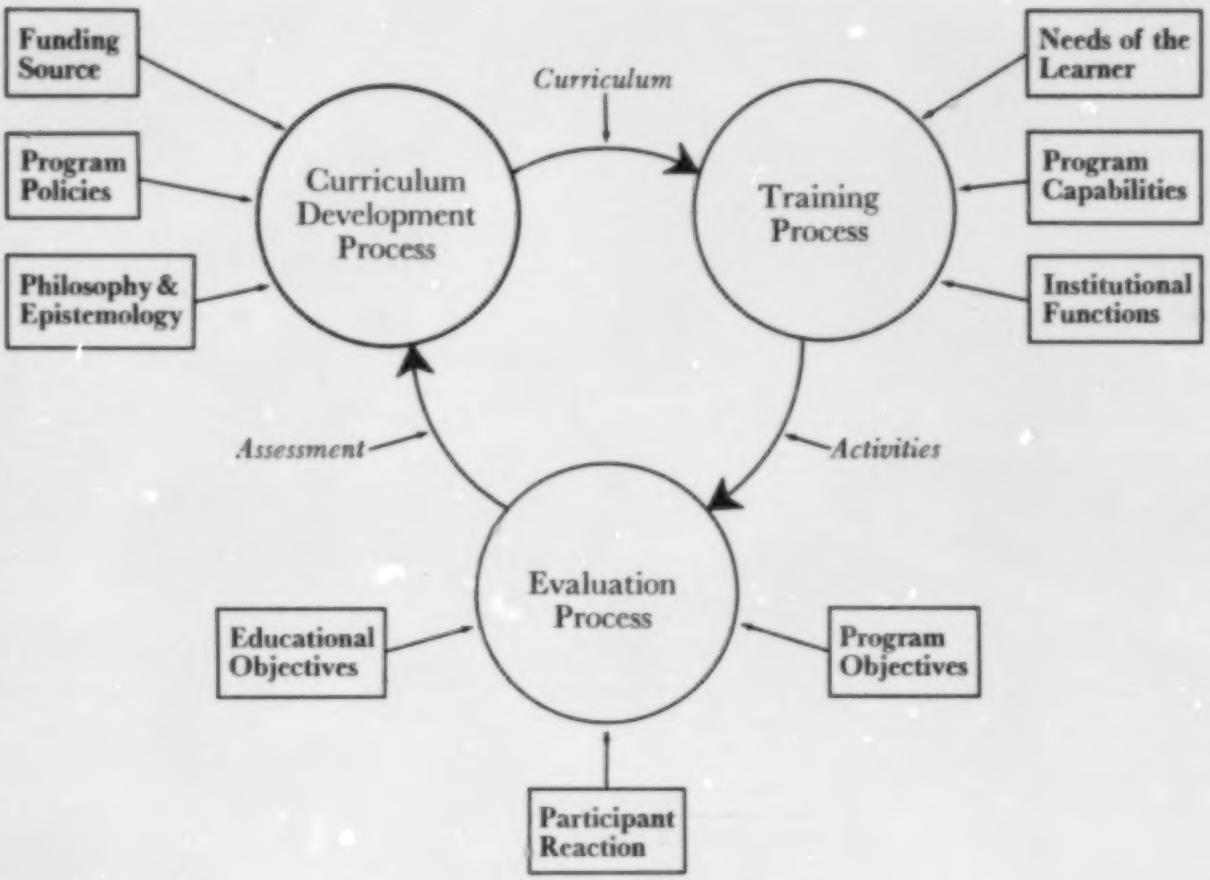
I. THE CURRICULUM BUILDING MODEL

In building curriculum, whether for education or training purposes, a certain theoretical framework or model must be developed and adopted in order to produce curriculum coherence. The model developed and adopted by CTC can be diagrammatically depicted as follows:



The curriculum building model contains three separate though connected processes:

1. Curriculum Development
2. Training
3. Evaluation

In addition to being related to and therefore affected by each other, these processes are also influenced by other factors. The factors which shape the curriculum development process are the program's funding source, its program policies, and its declared philosophical and epistemological frames of reference. The outcome of the curriculum development process is the curriculum. The curriculum is then fed into the training process, where it is further shaped by the needs of the learner, the program's training capabilities (the training environment, format, limitations) and the functions of the trainee's institution. At this stage, curriculum is implemented into actual training activities. These activities are fed into an evaluation process for assessment in terms of curriculum content and implementation coherence and effectiveness. The assessment is subsequently fed into the curriculum development process for refinement and modification. The total cyclical process begins again. The result will be a continuous improvement of the curriculum.

The curriculum building model can be described in terms of specific inputs and outputs pertaining to each of the processes. For CTC, these inputs and outputs are as follows:

1. **Curriculum Development Process**

   Input: Funding Source (NIMH)

   Output: A curriculum emphasis on mental health issues and on the training of social workers in the provision of mental health services.

   Input: Program Policies (Mission of CTC)

   Output: A curriculum emphasis on Chicano mental health issues and on the training of *social services and mental health personnel* in the provision of *socioculturally syntonic* mental health services *to the Chicano community.*

   Input: Philosophical and Epistemological Frames of Reference

   Output: A curriculum emphasis on Chicano mental health issues and on the training of social services and mental health personnel in the provision of socioculturally syntonic mental health services to the Chicano community *based on an identifiable framework of values, beliefs and knowledges about the Chicano culture and on an assessment of the mental health needs of the Chicano community.*

2. **Training Process**

   Input: Needs of the Learner

   Output: A training emphasis on the development in the learner of those knowledges, values and skills *which he needs* in order to provide socioculturally syntonic mental health services to the Chicano community.

   Input: Program Capabilities

   Output: A training emphasis on the development of those training formats and environments which can accommodate the curriculum outputs and the needs of the learner in *accordance with the capabilities and limitations of the entire program.*

   Input: Institutional Functions

   Output: A training emphasis on those content areas which address the *functions of the learner's service institution.*

3. **Evaluation Process**

Input: Program Objectives

Output: An evaluation emphasis on the assessment of training activities in relation to overall program objectives.

Input: Participant Reaction

Output: An evaluation emphasis on *the subjective reactions of trainees to the training experience,* in terms of curriculum content, curriculum coherence and content delivery.

Input: Educational Objectives

Output: An evaluation emphasis on the assessment of *the attainment of specified educational objectives for particular training activities.*

This curriculum building model is based on the definition of curriculum as a "structured series of intended learning outcomes." Curriculum in this sense implies that which will transpire in the instructional system (the training process). This model is also based on the assumption that to remain relevant (up-to-date and compatible with Chicano mental health realities), curriculum must be incremental (in a constant state of development) and heuristic (in a constant state of discovery).

Furthermore, this model is based on an assumption that curriculum quality and substance can come about only when there is a built-in evaluation mechanism.

In this model, curriculum development is a process distinct from training (or instruction). The output of the curriculum development process is curriculum. Curriculum, in turn, is an input of the instructional (training) process. The needs of the learner are part of the instructional system rather than of the curriculum development system. The value of this characteristic for CTC is that the core curriculum can be fed into several instructional systems in which the needs of the particular learners will shape the emphasis of instruction.

The Sources, Selection and Organization of Curriculum Content

Of the numerous variables involved in the curriculum building process, those which have to do with the sources, the selection, and the organization of curriculum content seem especially worthy of further explication.

The sources of the curriculum content for this training program (as the program is defined by its funding body and its program policies) are the Chicano culture and the field of mental health services. This does not mean that the curriculum will (or even should) reflect all there is to know about either. It does mean that the combination of these two perspectives, as they relate to each other, will determine the parameters of the content selected. The content selected, in turn, must relate to the needs of the trainees.

The sources of curriculum content are the organized and unorganized knowledges about the Chicano culture, and the organized and unorganized knowledges about the impact of mental health services upon the Chicano community.

CTC's curriculum content is derived both from what has been written about the Chicano and from what has been experienced by Chicanos but not chronicled (oral history). As a matter of fact, the curriculum will contain those things which the developers of the curriculum know and believe about the Chicano culture and the mental health field. The curriculum will therefore reflect the limits and validity of CTC's knowledge (its epistemology) and its belief and

value system (its philosophy).

There exists a vast source of "unorganized" knowledge about the Chicano. This is knowledge which lies outside of the recognized disciplines. The source of organized knowledge is relatively limited in breadth and depth. A large portion of it has been generated by non-Chicanos and contains so many biases and monolithic generalizations that it is either useless or pernicious. The result is a comparatively small body of organized knowledge which is reflective of Chicano realities and perspectives. This is a body of knowledge which further diminishes in size when applied to the mental health field.

This poses a problem in the development of a Chicano mental health curriculum, in that organized knowledge is limited in scope, and unorganized knowledge is "out there" in the barrios and therefore accessible only through major research efforts. Fortunately, the body of organized knowledge on Chicanos by Chicanos continues to grow. Unfortunately, there is no mechanism for tapping the barrio knowledge in a systematic and scientific manner—at least, not through CTC.

CTC's evolving knowledge base is inextricably related to its value base. That is, the knowledge which gets emphasized in the curriculum is that which tends to support our basic value assumptions. This does not mean, however, that knowledge which does not support the assumptions does not get fed into the curriculum. It does. In fact, it has to if one is to have any sort of honest or comprehensive teaching/learning experience. The emphasis, however, is on stressing the positive aspects of the Chicano culture, while at the same time avoiding unrealistic self-stereotyping.

In terms of the mental health perspective of the curriculum, it is necessary to deal with that knowledge which pertains to the individual and organizational behaviors which have implications for practice. The curriculum attempts to deal with this by focusing on various aspects of individual, family, and community phenomena as they are identified and shaped by such cultural forces as heritage, identity and life styles.

CTC curriculum addresses CTC's goal of enhancing the delivery of mental health services to the Chicano community by providing certain types of instruction to those who directly or indirectly deliver those services. Training emphasizes those three elements required for effective practice and service delivery: knowledge, values and skills.

The values, knowledge and skills bases of the CTC curriculum deal with the two perspectives of the training program:

a) the Chicano culture—its unique social and cultural dimensions; and

b) the delivery of mental health services to the Chicano individual, family and community.

Although values and knowledge necessary for effective practice in the Chicano community can to a large degree be identified and dealt with in the curriculum, the identification of those skills necessary for effective practice with Chicano individuals, families and communities is a much more difficult curriculum area to develop, primarily because of the absence of tested, or even conceptualized models.

This is not to say that effective, (*i.e.*, bicultural), practice models don't exist. They do in the sense that there are some Chicano practitioners who have developed styles of practice which work. For the most part, these are intuitive practice styles which combine a sense of the culture with accordingly modified professional skills. The task ahead for CTC is to identify those practice techniques and methods—that repertoire of skills—which result in effective practice with Chicanos, and to "organize" that "unorganized" knowledge for purposes of inclusion in the curriculum. This process of indentifying and organizing the knowledge and relating it to our theoretical framework will allow CTC to begin building an explicable bicultural practice model.

II. THE CURRICULUM EMPHASIS

The emphasis of the CTC curriculum is to present Chicano Mental Health Perspectives utilizing an interactional and interdependent systems approach. By "Chicano Mental Health Perspectives" we mean a particular way of defining and explaining social and cultural phenomena which shape the mental health of the Chicano Community. The systems approach is a model for the analysis of the interaction and interdependence of such cultural and social systems as the individual and his cultural identity, the family and its cultural heritage, the barrio and its interactional processes, etc.

The approach to curriculum development is founded upon a set of value assumptions about the Chicano culture and its interface with the dominant culture, including those institutions which are indigenous to American society. Although the curriculum reflects these assumptions in its emphases and analyses, it does not do so at the exclusion of other perspectives.

VALUE BASE

1. The Chicano culture is the synthesis of two cultures, the Mexican (Indo Hispanic) and the American (Anglo Saxon).
2. The Chicano culture incorporates and synthesizes attributes from the Mexican and American cultures in such a manner that the result is the emergence of a third culture—the Chicano culture.
3. The Chicano culture provides its members with all of the attributes of a culture; Chicanos are neither culturally disadvantaged nor culturally deprived.
4. The Chicano culture is dynamic (in a constant state of synthesizing) heterogeneous (synthesizing at different rates), and viable (synthesizing in a productive manner).
5. The attributes of the Chicano culture nurture, sustain and promote the well-being of its members.
6. The Chicano culture exists in an environment which does not foster its development—which is, in fact, hostile toward its development.
7. The hostile environment is detrimental to the well-being of the members of the Chicano culture.
8. The negative impact of the hostile environment on Chicanos is to some degree offset by the positive impact of the Chicano culture.
9. The hostile environment is the dominant culture, which expresses its cultural hostility by:
   a) not tolerating cultural plurality or cultural parity;
   b) defining standards of normalcy and categorizing cultural differences as deviancy or abnormality;
   c) placing behavioral expectations based on an Anglo model on all people, and punishing those who do not meet these expectations;
   d) requiring Chicanos to assimilate, yet, concurrently prohibiting their assimilation.
10. The hostile characteristics of the dominant culture are operationalized through its institutions, including those which provide social and mental health services.

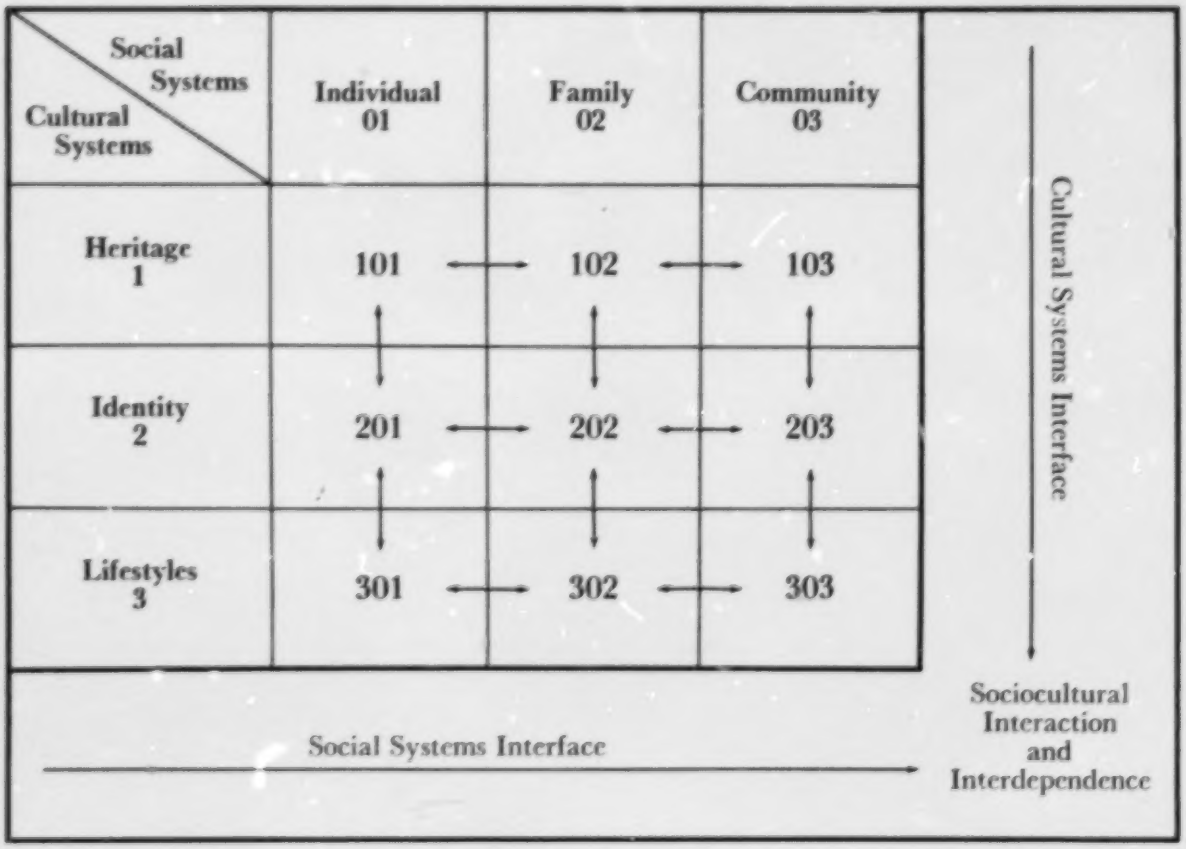
11. The operationalization of this cultural hostility manifests itself in at least the following areas:
    a) services provided are *remedial, i.e.,* based on assumptions that the consumer of services is defective, deviant, pathological, and therefore must be restored to a position of normalcy (defined along an Anglo model);
    b) services provided are *residual, i.e.,* they represent the residue (las sobras) of resources available, are never provided in sufficient quantity or quality, and are even then provided reluctantly;
    c) services provided include a *social control* function as well as a *socializing* function, with the social control function aimed at regulating the behavior of the consumer, and the socializing function aimed at changing behavior to meet an Anglo model.
12. It is only through an appreciation and understanding of the Chicano culture, and through a reduction of hostile tendencies in social services and mental health institutions, that these institutions will begin to realistically and humanistically address the needs of the Chicano Community.
13. The appreciation and understanding of the Chicano culture, and the provision of realistic and humanistic social and mental health services to the Chicano Community, must be expressed in tangible, concrete terms: *i.e., in the development and implementation of bicultural social and mental health service delivery and practice models.*

III. THE CURRICULUM DESIGN

Using the assumptions which comprise the value base as a philosophic framework to guide the development of specific curriculum content, the CTC Curriculum Design involves the systematic organization of those theoretical constructs which contribute toward the development of knowledge, values and skills essential for compatible and complementary practice in the Chicano community.

These theoretical constructs are ordered in sequential, continuous and integrated patterns as part of a holistic curriculum design based on an analytical model of systems interaction and systems interdependence. The kinds of systems included in this model are of two types: *Social* and *cultural*. The purpose of this model is to depict how the interface of these systems translates into human and organizational behaviors. This model rejects the premise that the behavior of Chicanos can be "explained" by either biological or cultural determinism theories. Instead, this approach adopts a structural/environmental determinism model to describe the Chicano experience.

CHICANO MENTAL HEALTH CURRICULUM DESIGN MODEL OF INTERACTIONAL AND INTERDEPENDENT SOCIAL AND CULTURAL SYSTEMS



IV. CURRICULUM COMPONENTS AND MODULES

A *curriculum component* is an area of curriculum content defined by the interface of two specific systems, one cultural, the other social. Each numbered square on the Chicano Mental Health Curriculum Design Model of Interactional and Interdependent Social and Cultural Systems represents one sociocultural content area. Within each content area (component), one or more *curriculum modules* will be contained.

A curriculum module deals with a specific set of concepts and principles related to the general content defined by the component. A curriculum module, moreover, is a highly organized and complete teaching/learning unit in compact form. It contains its own educational objective, it specifies the content to be taught, the methods of teaching, and the techniques for evaluation of its teaching/learning effectiveness. Although highly organized, a module is flexible enough to allow the contraction or expansion of content, and must lend itself to modification in the light of the varying educational needs of different trainee populations. Even though the content may remain essentially unchanged and the general educational objectives may remain more or less constant for all trainees, content emphasis must accommodate the nature and needs of the learner.

Each module is constructed to conform to a critical training unit, defined as a three-hour block of time in which trainees are involved in active learning. This period is viewed as an optimal time unit for the presentation, examination and integration of concepts.

Seminars, institutes and workshops are the instructional modalities used for the implementation of modular curriculum. Each training activity, in terms of duration, location, content, etc., is determined jointly by CTC and the group of prospective trainees. Consultation around specific teaching/learning needs and problems is provided to support and enhance the instructional process.

A. MODULE OUTLINE

I. Module Title
The title of the module specifically identifies the topic covered.

II. Module Number
Each component area lends itself to the inclusion of a virtually infinite number of subtopics. The various modules in each component are identified by employing the number of the component (101, 102, etc.) and distinguished from each other by the designation of a letter.

III. Curriculum Component
This includes the identification of the component which the module addresses, by listing the two interfacing systems of the component.

IV. Purpose
The purpose of the module is stated briefly and concisely and includes in general terms what is to be covered in the three hours of instruction.

V. Summary and Perspective
This includes a comprehensive essay of the topic of the module. The entire content is summarized and evaluated. The evaluation (or perspective) reflects the operational assumptions contained in the Value Base of the curriculum. Contravening perspectives are discussed and analyzed.

VI. Content Materials
All books, articles and other written materials used to develop the content of the module are listed in bibliographic form and are annotated.

VII. Instructional Elements

A. *Educational Objectives*

This is a statement of intended learning outcomes as these are related to the purpose of the module and the content presented. Educational objectives are confined to the cognitive as opposed to the affective realm of learning.

B. *Training Methodology*

Instructional methods are described, as are instructional techniques. Modules for the most part involve a combination of lecture and discussion. Group interaction at the affective (sensitivity training) level is minimized and controlled. Methods and techniques of teaching/learning at the intellectual level are stressed.

C. *Training Materials*

Materials used in instruction, (*i.e.,* shared with trainees), are listed and described. Materials include but are not limited to articles, books, bibliographies, films, cassette recordings, case studies.

D. *Evaluation*

This is a statement of the method or methods to be used in evaluating the achievement by trainees of the module's educational objectives. Methods can include both formal and informal response or reaction feedback techniques.

VIII. Teaching Notes

This includes the more specific outline developed by individual trainers in their presentation of the module, including any additional content material not listed above.

B. CURRICULUM OFFERINGS

COMPONENTS AND MODULES:

The following curriculum components and modules represent the training content offered by CTC. The content areas defined by the components are general in nature. Each component, through its specific modules, deals with related values, knowledge and skills necessary for effective mental health practice in the Chicano community.

COMPONENT	CONTENT AREA	MODULES
101 Individual: Heritage	This component focuses on the effects that heritage has on individuals. The many diverse heritages to which individuals can relate are reviewed —Indian, Spanish, Mexican, American, Southwestern and Chicano. The task of cultural synthesis is analyzed as it relates to heritage. The impact of the historical interface of two cultures is studied.	101A—The Making of the Mestizo 101B—The Creation of the Chicano
102 Family: Heritage	In this component the Chicano family is studied from a historical perspective and in a cultural context. The sources—American and Mexican—of present-day Chicano family patterns are discussed. The heterogeneous nature of Chicano families is highlighted in this component as well as in the other components on the Chicano family. The history of the Chicano family's interaction with systems and institutions is reviewed. The effects of external interactions on the internal functioning of families is stressed.	102A—The Urbanization of La Familia 102B—The Chicano Family: From Traditional to Modern.
103 Community: Heritage	This component looks at Communities from both historical and political prespectives. The history of political movements and organizations is reviewed. The historical elements of the Chicano Renaissance are discussed.	103A—Immigration, Migration and the Expansion of the Chicano Community 103B—The Evolution of Chicano Organizations.

COMPONENT	CONTENT AREA	MODULES
201 Individual: Identity	Content deals with the psychocultural tasks and processes faced by the Chicano as a minority, including the impact of racism and oppression. These tasks and processes include resolving one's cultural identity, defining one's position in the dominant culture, coping with the effects of alienation and monolithic generalizations. Acculturation, assimilation, transculturation and biculturalism, as social and psychological phenomena, are explored. Biculturalism and cultural plurality as positive goals are stressed.	201A—Biculturalism, Chicano Style 201B—Chicano Typologies
202 Family: Identity	This component focuses on the cultural survival tasks of Chicano families. Besides the usual family functions, the Chicano family must cushion the alienation felt by growing children. This becomes an integral part of the family functions of self-help. The component includes an analysis of the impact of change, technology and urbanization on the family as it is in the process of transition. The supportive elements and ties among families are described.	202A—Survival of Family Cultural Identity 202B—Family Identity in the Context of the Barrio
203 Community: Identity	The Chicano Community (as the second largest minority in the country) and Chicano communities (the barrios where Chicanos live), are described and analyzed. The demography and sociology of the Chicano Community, and the functions, structures and dynamics of the barrios are assessed. The barrio as a system interacting with other social systems is explored. The barrio as a cultural and psychosocial buffer is stressed vis-a-vis the negative impacts on community identity of colonization and powerlessness.	203A—A Socioeconomic Perspective on Chicano Mental Health 203B—Chicano Community Identity

COMPONENT	CONTENT AREA	MODULES
301 Individual: Lifestyle	This component describes the lifestyles which Chicanos have developed as a result in part of two opposing forces: cultural strength and tenacity on the one hand, and oppression, subjugation, exclusion and exploitation by the dominant society on the other. Lifestyles are analyzed as they reflect cultural synthesis and cultural identity, as well as survival strategies.	301A—"Chicanos" and "Mexican Americans" 301B—Chicano Alienation in the Dominant Society 301C—Juvenile Delinquency and the Chicano Community
302 Family: Lifestyles	This component includes an investigation of the heterogeneity and diversity of Chicano family lifestyles and of the conditions which determine those lifestyles. Family values, child rearing, and male/female roles are described. The extended, consanguine, multi-generational, migrant, rural, nuclear and urban families are discussed. The impact of mobility on the nuclear Chicano family is analyzed as is the rapid modernization of values.	302A—Chicano Family Diversity 302B—Roles and Relationships in the Family.
303 Community: Lifestyles	This component analyzes the socioeconomic as well as the cultural elements which shape both differences and similarities of barrios. The effects of poverty and disenfranchisement on the lifestyles of barrios is presented. Indigenous human services systems and networks operating in barrios are described and analyzed. The development of natural self-help capabilities is viewed against a backdrop of institutional neglect and exclusion on the part of dominant culture health and social services delivery systems.	303A—Chicano Lifestyles in a Hostile Environment 303B—The Chicano Movement 303C—Health Perceptions in the Chicano Community

C. MODULE SAMPLE

I. TITLE: HEALTH PERCEPTIONS IN THE CHICANO COMMUNITY

II. NUMBER 303C

III. COMPONENT: LIFESTYLES: COMMUNITY

IV. PURPOSE:

The purpose of this module is to depict the historical evolution of Mexican and Chicano folk medical theories and practices and to compare them with selected "scientific" medical theories and practices in order to assess the validity of each set of theories and practices with regard to Chicano cultural illnesses.

V. SUMMARY AND PERSPECTIVE:

Psychological and somatic medical theories and practices which are a part of contemporary Western medical science are defined as "scientific." Medical theories and practices which are utilized by minority cultures in this country and by those countries not belonging to Western civilization are often times regarded as "prescientific." Folk medicine is usually categorized as prescientific. Prescientific is usually defined as that which is not founded on modern (contemporary) Western (usually American) thought and practice. Medical theories based on what was considered scientific in years past may no longer be considered scientific if either disproved by or replaced with more "sophisticated" theories and practices. Therefore, many theories and practices that were at one time considered scientific *i.e.*, valid, are now considered prescientific in that they are no longer within the realm of modern medical thought and practice. This does not mean, in all cases, that prescientific or folk medicine did not or does not fulfill a healing role. What it in many instances means, especially with regard to physical medicine, is that modern medical technology has put old wine in new bottles.

The herbs used by Mexican, Chicano and Native American folk healers are an illustration of this. Many of the medicines prescribed by contemporary physicians are derivatives of elements found in these herbs. Hydrotherapy (as another example) was a common prescription of the Spanish doctor-priests who accompanied Cortez in the conquest of Mexico and of the Aztec doctor-priests found in the New World.

As a matter of fact, the Catholic priests who accompanied Spanish Conquistadores on their voyage to America were the practitioners of what at the time were considered the most scientific medical models in Europe. Upon the confrontation with the Aztec and Mayan cultures in Mexico, they discovered medical systems quite compatible with the European medical systems. Herbs, baths, blood-letting were common approaches to illness. In some respects the Aztecs were more sophisticated in their surgical methods than were the Europeans.

Medical practice in Mexico developed along two planes. One was at the academic level which represented a continuation of the teaching and practice of European medicine. The other was at the folk level which incorporated elements of the Indian as well as the Hispanic medical approaches. At the academic level knowledge was transmitted in a formal manner in recognized colleges and universities. Folk medicine was transmitted from healer to apprentice in less formalized ways.

The Chicano curandero of today practices a medicine that at one time was regarded as scientific and that has over time proved to be successful in the treatment of cultural illnesses. Moreover, some of the practices of the curandero have taken on the characteristics of conventional cultural wisdom and are utilized by persons who are not identified necessarily as curanderos but as persons who "have the touch for healing."

This module describes some of the psychological and somatic practices of contemporary curanderos as reported by Martinez, Kiev, Romano, Torrey and others. It emphasizes the culture-bound nature of curanderismo in its approach to physical and psychological illness and compares the methods and techniques used by curanderos with those used by Western psychotherapists.

VI. CONTENT MATERIALS

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VII. INSTRUCTIONAL ELEMENTS

A. *Educational Objectives*

1. To understand some of the elements involved in scientific and prescientific medicine.
2. To appreciate the fact that what was once considered scientific medicine may now be regarded as prescientific, without necessarily condemning the prescientific as unscientific.
3. To understand the etiology and evolution of curanderismo.
4. To understand the validity and efficacy of Chicano folk healing processes, especially in relation to cultural illnesses.
5. To understand and appreciate the commonalities of Folk and Western psychotherapy.

B. *Training Methodology*
Lecture and group discussion.

C. *Training Materials*
Handouts extracted from content materials.

D. *Achievement of Education Objectives*
As indicated by trainees on Trainee Reaction Form.

VIII. TEACHING NOTES